Drugs In Sport Task Force

[report no. 1]

In November 1988, the Minister of Municipal Affairs, Recreation and Culture, the Honourable Rita Johnston, requested the B.C. Sport and Recreation Advisory Council to review the current situation regarding the use of performance enhancing substances in sport, and to make recommendations to her for appropriate action.

The Chairman of the Advisory Council requested Lorne Davies, Athletic Director of Simon Fraser University, to head a Task Force with the following members:

Dr. Doug Clement
Dr. Ray Baillie
Mr. Ken Shields
Ms. Lyn Williams

Staff support to the Task Force was provided by:

Ms. Lynda Filsinger
Sport Medicine Council of B.C.
Mr. Bob Yates
Recreation and Sport Branch

The Task Force met on two occasions, December 6th, 1988 and January 17, 1989, and the following report was prepared for presentation to the February 4th, 1989 meeting of the Advisory Council.

Background

After some discussion, the Task Force decided upon the following statement of its objective:

> To advise the Minister regarding the use and impact of performance enhancing substances in sport in B.C. with a view to developing a process by which the province, its partners, and the relevant professional agencies can address the issue with appropriate policies, actions and funding.

In the view of the Task Force, doping in sport is both unhealthy and contrary to the ethics of sport. The rules of competition clearly state that the use of doping practices is illegal and we therefore must emphasize the ethical issues involved.

More precisely, the Task Force agreed to the following:

1. Certain so called "performance enhancing substances" do work. For example, anabolic steroids in combination with proper training will enhance muscle size and strength more rapidly than by training alone.

2. Such drugs are widely used in the international sports community.

3. Drug abuse in sport is a phenomenon not just restricted to the elite, national-level competitor. It is a practice that pervades the entire amateur sport structure right through to the recreational fitness enthusiast.

4. Tests to detect drug use will always lag behind the use of new drugs. Pharmacological developments may precipitate further problems in the future.

5. The international sport community is presently examining ways to eradicate the use of performance enhancing substances in competition. It is recognized that successfully eliminating doping from sport will involve education, counselling and the encouragement of positive sporting values as well as the development of testing programs and sanctions.

Extent of the Problem

A great deal of attention is currently being focussed on the abuse of drugs by athletes. The extent of the problem tends to be underestimated.

While it is impossible to accurately monitor the number of athletes who use drugs to enhance their athletic performance and/or their appearance, evidence of widespread use of, in particular, anabolic steroids comes from informal surveys and the testimony of former users and those who work closely with athletes.

Exactly how many elite competitors are taking drugs is not certain, however:

- A 1982 survey of Canadian carded athletes revealed that 5% of the respondents had used or were using performance enhancing substances (anabolic steroids). *Sport Medicine Council of Canada. 1982.*
- At the 1983 Pan American Games in Caracas there were 19 positive doping tests (5% of the total number of competitors). 15 of these disqualifications (including 2 Canadians - one from B.C.) were the result of steroid use.
- At the 1988 Olympic Games in Seoul there were 10 tests interpreted as doping (one Canadian). Additionally, there were 4 weightlifters removed from the Canadian team prior to the start of competition.
- Estimates by those closely involved with elite athletics have estimated the number of steroid users to range between 10% and 99% depending on the sport. Dr Robert Voy, Chief Medical Officer of the U.S. Olympic Committee, estimated that close to 50% of all elite competitors use performance enhancing substances. *Globe and Mail November, 18, 1988.*

The extent of the problem among recreational athletes is equally difficult to determine:

- 250 weight trainers at YMCA and community gymnasiums were questioned regarding anabolic steroid use. 110 (44%) admitted to using the drug. *Journal of the American Medical Association July, 1984.*
- 3272 questionnaires were distributed to 3 college institutions in the United States. One thousand and ten responded and of these, 17 (2%) reported using anabolic steroids. The authors reported that this 2% prevalence was a frank underestimate of users. *Physician and Sports Medicine, Vol. 16, July 1988.*

- A survey of high school juniors (athletes and non athletes) from six Arkansas schools found that 95 of 853 boys (11.1%) had used or were using steroids. *Anabolic Steroid Use in Adolescent Males. M.D. Johnson as reported at an AMA Meeting, 1987.*

- 6.6% of male high school seniors in the United States, as many as 500,000 nationwide, have used anabolic steroids and more than two thirds of them first tried steroids when they were 16 years of age or younger. Forty-seven per cent of the users took the drugs to enhance athletic performance, 27% did so to improve appearance and 11% used steroids for "injury prevention" (even though this is not an acceptable medical practice). *Buckley, W.E., Journal of the American Medical Association. December 1988.*

- The Sport Medicine Council of British Columbia instituted a Drugs and Sport Hotline in October 1985. Since then, over 4000 individuals have accessed information. Over 60% of the calls relate to anabolic steroids.

- A Vancouver general practitioner estimates the number of anabolic steroid users in the Vancouver area alone to be 2000 - 5000. He currently has approximately 300 - 600 patients who are using anabolic steroids. Men and women involved in professions such as modelling, police work, firefighting, competitive athletics and body building are part of this patient population.

Anabolic steroids are obtained from a number of sources (physicians, pharmacists, veterinarians) but by far, the largest source of the drugs is the black market operating out of local gymnasiums and training centres. Anabolic steroids are not illegal substances. They are available with a physician's prescription, however, possession of the drug for the purpose of trafficking is a criminal offense.

- The steroid blackmarket in the U.S. now exceeds 100 million dollars a year. According to federal law enforcement officials, this is a conservative estimate. *Globe and Mail, November 19, 1988.*

- In the past 5 years, Canada Customs have made 34 seizures of anabolic steroids worth more than $700,000. In October 1983, 4 Canadian weightlifters returning home from a competition were charged with illegally importing steroids. *Vancouver Sun, November 14, 1988.*

Programs and Policies Currently in Place

At the recent World Conference on Anti-Doping in Sport, (June 1988, Ottawa) the following statement was made: "Programs and processes designed to eliminate doping from sport should operate consistently and uniformly throughout Canada (and the World) with variation only as the nature of a particular sport warrants it." In Canada and in British Columbia, a number of policies and programs are already in place:

Federal

- December 1983, Sport Canada issued a policy on *Drug Use and Doping Control in Sport*. The policy was revised and strengthened in September 1985.
- An International Olympic Committee certified laboratory capable of undertaking the full range of doping control tests required by the I.O.C. was developed in Montreal. Since the Calgary Olympics a second laboratory has emerged in Calgary.
- All National Sport Organizations receiving government funding are required by Sport Canada to develop a comprehensive doping control program within their sport.
- The *National Advisory Committee on Doping in Amateur Sport* ensures that the rules, roles and practices of various agencies and sport organizations involved in anti-doping activities are harmonized and standardized both nationally and internationally. Dr. Andrew Pipe, representing the Sport Medicine Council of Canada, currently chairs this committee.
- The Sport Medicine Council of Canada is responsible for the implementation of the national anti-doping program. It receives funding from Sport Canada to provide technical information to the sport governing bodies and to develop and distribute anti-doping educational materials to nationally carded athletes and their coaches.
- In August 1985, the Canadian Medical Association issued a statement that "the deliberate provision to an athlete of a substance as defined by the International Olympic Committee's Medical Commission for the sole purpose of enhancing athletic performance is an unacceptable practice."
- The Dubin Inquiry, commissioned by the federal government, is currently examining the facts and circumstances surrounding the use of drugs and banned practices by Canadian athletes. A full report is expected to be forthcoming.

Provincial

- In October 1985, the Sport Medicine Council of B.C. held a press conference to draw attention to the apparently increasing numbers of recreational athletes using anabolic steroids.
- In February of 1988, the B.C. College of Physicians and Surgeons warned physicians that they risk being charged with unprofessional or infamous conduct should they prescribe anabolic steroids to healthy individuals.
- November 2. 1988, Sport B.C. announced its intention to establish a program for randomly testing B.C. athletes for anabolic steroids.

The Sport Medicine Council of British Columbia (SMCBC) is currently the only provincial organization providing programs and services in the area of athletic drug abuse. Without specific funding the Council has attempted to address the issue as follows:

- October 1985. a provincial seminar on Drug Abuse in Sport was coordinated. Since then. specific seminars have been conducted on a request basis, with particular attention being focussed in the school system. Audio-visual materials have been collected for instructional purposes.
- A *Drugs and Sport Hotline* was instituted in October of 1985. Over 4000 athletes, coaches, parents. physicians. nurses, therapists. pharmacists and others have requested information. The Council currently advises the Alcohol-Drug Education Services Drug and Poison Information Centre and the B.C. College of Pharmacists with respect to athletic drug abuse.
- As doping control is becoming an integral part of national and international competition, the SMCBC regularly advises athletes and coaches regarding the list of banned substances.
- SMCBC assists in the implementation of the Doping Control process and provides technical expertise at provincial, national and international competitions held in B.C. Currently there is no provision for funding this service either provincially or nationally.
- An educational module on Drugs and Sport is included in the B.C. SportsAid Program's Sport First-Aid Level 2.

Potential Courses of Action

A coordinated effort is required in order to attempt to effectively deal with this complex issue. Provincial program and policy development should occur as an extension of the national programs and policies already in place and those to be recommended by the Dubin commission. The provincial anti-doping plan could include:

1. Anti-Doping Policy: Coordination and Enforcement

- The development, by the provincial government, of a provincial statement based on the National Anti-Doping Policy. This document should receive wide circulation to all groups through the Provincial Sport Organizations and form the basis on which PSGB's formulate their own anti-doping policies.
- Provincial Sport Organizations must be encouraged to become familiar with their National Sport Organization's anti-doping program and take responsibility for the implementation of specific aspects of the program as it relates to British Columbia.
- Provincial government funding would only be provided to PSGB's which had adopted acceptable anti-doping policies and to athletes who agreed to participate in a random drug testing program.
- The formation of a Provincial Anti-Doping Experts Advisory Group. It would advise the provincial government regarding the acceptability of PSGB's anti-doping policies and provide guidance and advice as required. Such a group may have representation from the following areas: athletes, legal, medical and scientific experts, coaches, sport governing bodies and government.
- Random, out-of-competition doping control testing would be a part of the provincial policy statement. Funding must be provided to the Sport Medicine Council of B.C. to carry out this random testing program.

2. Education

The importance of education in an anti-doping campaign must be recognized and receive adequate financial support from a variety of sources. Effective preventive strategies must be developed which would include the consideration of both ethical and medical issues. Education programs must have clearly articulated objectives and be directed towards specific target groups. Where possible, these programs could be integrated with already established educational institutions.

Target groups could include: school children (elementary through secondary), school teachers and coaches, club coaches, parents, family physicians, pharmacists and provincial sport associations. The education program could consist of:

Provincial School System

- The development of learning resource materials that would be appropriate for inclusion in the Health curriculum.
- Professional development for teachers and coaches and the development of supplementary teaching materials and aids.

Coaching Network

- The dissemination of the newly developed policy statement through each provincial sport governing body.
- To include handout information in NCCP clinics, develop and provide a comprehensive education program (seminar and handout) to be made available to each PSGB upon request.

Medical Professionals

- The development of an information "package" in cooperation with the B.C. Medical Association and/or the College of Physicians and Surgeons to be circulated to each family physician in the province. The practitioner must not only have a clear understanding of both the ethical and scientific aspects of the drug-sport issue, he/she must deal with the athletic drug abuser in a compassionate and informed manner.

General

- To examine the implications of expanding the 'Drugs and Sport Hotline' as the provincial information resource.
- To develop educational handouts and posters that would be widely distributed in weight training facilities and gymnasiums in the province.

3. Research

It is important that the medical community not ignore the reality of drug use in sport. Physicians have special responsibilities in that they must care for and counsel their athletic patients in the most complete sense. There are notable physical and psychological consequences of athletic drug abuse, particularly with reference to anabolic steroid use.

- To develop, through the B.C. Medical Association's Substance Abuse Committee, a network of practitioners (experts in the field of psychology, endocrinology, family medicine and substance abuse) who will examine methods of medical intervention for specific problems relating to drug abuse in athletics. (This is currently in progress.)

Recommendations

British Columbia is in an excellent position to provide national and international leadership with respect to the problem of athletic drug abuse. The Drugs in Sport Task Force recommends that the province of British Columbia take an active role in combating the problem through the integration of already established policies and programs with specifically developed provincial policies and educational materials.

The Sport Medicine Council of B.C. should be the central coordinating agency for the provincial anti-doping program. In order for this to occur however, there must be sufficient funding and support available to the Council for general operations in addition to the funding of specific program requirements.

In summary, it is recommended that:

1. The province of British Columbia take a pro-active active role in addressing the issue of drug use in sport and make provision for the development of a comprehensive anti-doping program. All national policies and recommendations for the future must be considered.

2. The Sport Medicine Council of B.C. be the central coordinating agency and be enabled, through the provision of adequate provincial government funding, to oversee the development and continued implementation of the anti-doping program.

3. The proposed program for random out-of-competition testing be developed and administered by the Sport Medicine Council of B.C.

4. The provincial anti-doping program include a strong educational component that targets provincial elite athletes as well as recreation sports and fitness participants.